



Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number:: 10/508,978
Filing Date:: 11/19/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD Disks:
Number of Copies of CDs:
Sequence Submission?: Paper
Computer Readable From (CRF)?:: No
Number of Copies of CRF:: 1
Title:: METHOD FOR TREATING CANCER IN HUMANS
Attorney Docket Number:: 230591
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?: No
Latin Name::
Variety denomination name::
Petition Included?: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name::
Family Name:: HWU
Name Suffix::
City of Residence:: ~~Potomac~~ Houston
State or Prov. of Residence:: ~~MD~~ TX
Country of Residence:: US
Street of mailing address:: ~~41006 Lamplighter Lane~~ 3317 Plumb Street

City of mailing address:: ~~Potomac~~ Houston
State or Province of mailing address:: ~~MD~~ TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: ~~20854~~ 77005

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gang
Middle Name::
Family Name:: WANG
Name Suffix::
City of Residence:: Montgomery Village
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 20220 Darlington Drive

City of mailing address:: Montgomery Village
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20886

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Warren
Middle Name::
Family Name:: LEONARD
Name Suffix::
City of Residence:: Bethesda
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 9020 Burdette Road

City of mailing address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rosanne
Middle Name::
Family Name:: SPOLSKI
Name Suffix::
City of Residence:: Ellicott City
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 4621 Old Dragon Path

City of mailing address:: Ellicott City
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21042

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Katsutoshi
Middle Name::
Family Name:: OZAKI
Name Suffix::
City of Residence:: Tokyo
State or Prov. of Residence::
Country of Residence:: Japan
Street of mailing address:: Yakushiji3311-1, Minamikawchi-machi,
Kawachi-gun
City of mailing address:: Tochigi
State or Province of mailing address::
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 329-0498

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 45733
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/09707	03/27/03
PCT/US03/09707	An application claiming the benefit under 35 USC 119(e)	60/368,438	03/27/02

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
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ASSIGNEE INFORMATION

Assignee name::	Government of the United States of America, represented by the Secretary, Department of Health and Human Services
Street of mailing address::	Office of Technology Transfer 6011 Executive Boulevard, Suite 325

City of mailing address:: Rockville

State or Province of
mailing address:: MD

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20852